



## **Screening Task Force Minutes - October 31, 2006**

12:00-2:00 p.m. – 1441 Kapiolani Blvd. – 18<sup>th</sup> Floor Conference Room

### **1. Purpose of Task Force**

Task Force purposes, as established by SCR 70 HD1, include:

- (1) Plan and implement a statewide screening initiative for children age 0-8 years.
  - Recommend selection of standardized developmental screening tools.
  - Formalize referral protocols.
  - Develop guidelines for reporting the completion of a child's screening requirement for children entering preschool or elementary school.
  - Address issues related to physician participation.
  - Evaluate compliance and appropriateness of referrals.
- (2) Develop and implement a screening certification program for children entering preschool and elementary school.
- (3) Unify screening-related activities in the state by January 1, 2007.

Task Force representatives include: American Academy of Pediatrics-Hawaii Chapter, community leaders for children's health, DOH, DHS, DOE, Family Voices of Hawai'i, family members, Hawaii Academy of Family Physicians (invited), Hawaii Early Intervention Coordinating Council, Hawaii Primary Care Association (invited), Hawaii State Council on Developmental Disabilities, Hawaii Speech-Language-Hearing Association, Healthy Child Care Hawaii Project, Hilopa'a Project, UH/School of Medicine/JABSOM/Department of Pediatrics.

### **3. What lead to S.C.R. 70 H.D. 1?**

This resolution resulted from Representative Dennis Arakaki's efforts. He recognized the important contribution of screening to early childhood development and the need for early identification & intervention. His interest has spanned many years and legislative bills. Leolinda Parlin contributed the idea of a Screening Task Force to the house draft.

### **4. Why is screening important?**

Dr. Calvin Sia provided an overview of why screening is important. He distributed the publication, "The Medical Home & Early Child Development in Primary Care, Advancing Systems of Care", by C. Sia, L.B. Wilson, & S. Taba. Dr. Sia emphasized the use of research on the science of early brain development from "Neurons to Neighborhoods" by Jack Shonkoff. In this light, Dr. Sia brought out the importance of screening young children's growth and development. He stressed continuously screening the three to five year olds and especially those children birth to three who are biologically and socially at risk. He referred to the socially at risk children with psycho-social and behavioral concerns as the new millennial morbidity. Pediatricians screen not only during the well child care but during preventive, acute, and chronic care. Pediatricians

are providing medical homes, where care coordination with sub-specialists, family support and educators is critical. Pediatricians, educators, and service providers cannot do it alone – professional silos must be broken down. As our communities grow older, chronic care for the elderly will be needed where care coordination will be an integral part of a system of care in the medical home. We must start early and it begins with our early childhood system of care.

## **5. Overview of screening in Hawaii**

**A. A system view of screening and follow-up in Hawaii:** The system includes providers, guidelines, protocols, resources, documentation, data collection, etc. Screening contributes to the Hawaii's Early Childhood Comprehensive Systems' goals of access to health insurance and medical homes, mental health and social-emotional development, early care and education/child care, parenting education, and family support. Screening contributes to outcomes that "All children are screened early and continuously for special health care needs" → "All children shall be healthy, safe and ready to succeed" → "All youth shall receive services needed to transition to adult life including adult health care, work, & and independence".

### **B. Hawaii data on screening**

- Hawaii data from the National Survey for Children's Health (2003) showed 42% of children age 0-5 years have parents with at least one concern about their child's learning, development or behavior. For children age 0-5 years, 40% visited doctors and were asked about concerns about the child's learning, development or behavior; 51% visited doctors and were not asked about these concerns; and 9% did not visit doctors. Of highly concerned parents, 46% received specific information from their doctors to address their concern, and 54% did not receive specific information from their doctors.
- EPSDT data showed that the screening ratios and participant ratios were highest for children under age 1 year, and decreased as age increased.
- Hearing and Vision Study in School-Aged Children (2000) showed that 5-6% children failed screening and need further evaluation and/or intervention. It was conducted in grades 1, 2, 5, & 7 in elementary and middle schools in 2 school districts—Central and Leeward Oahu.
- Preschool Developmental Screening Program (PDSP) received 876 referrals in FY 2005. As a result of screening evaluation, 22% children required speech evaluations, 4% needed psychological evaluations, and 19% were referred to DOE special education preschool.

### **C. Screening guidelines and requirements**

Guidelines for development, behavior/social-emotional, hearing, and vision screening include those for EPSDT, American Academy of Pediatrics, State laws, National Association for the Education of Young Children, American Academy of Ophthalmology, American Public Health Association, Joint Committee on Hearing, and American Speech-Language-Hearing Association. There are also guidelines are for newborn screening in birthing facilities, contracted services by

community programs/agencies, and early education programs. There are some differences between guidelines.

- D. Screening procedures/tools used by providers:** The Early Childhood Comprehensive Systems (ECCS) Screening Committee compiled a table of screening tools used by physicians and programs in Hawaii.
- E. Resources for follow-up of screening concerns:** Resources include DOH-Early Intervention Section, Healthy Start, Public Health Nursing, PDSP, Child & Adolescent Mental Health Division, Children with Special Health Needs Program; DOE-Special Education; and Pediatric specialists.
- F. A Medical Home Guide for ASQ and PEDS Referrals & Follow-up for Children Age 0-5 Years:** This was initially developed by the Hawaii Medical Home Implementation Project, and revised by the ECCS Screening Committee and Hilopa'a Project.
- G. Documentation of screening and follow-up:** Documentation efforts include:
  - DOE School Health Record.
  - Proposed Early Childhood Pre-K Health Record Supplement, which is presently being piloted with two multi-site preschools.
  - Letter template to share results of developmental screening by community programs with the medical home.
  - DHS/Med-QUEST Division is developing standardized EPSDT forms for pediatric providers across QUEST health plans and Medicaid fee-for-service.
- H. Barriers to screening:** The Healthy Child Care Hawaii Project survey (2001) showed that for primary care providers for children ages 3-4 years, screening barriers included difficulty getting a child to test (development 32%, hearing 60%, vision 61%), lack of staff time, reimbursement, lack of staff trained to screen, and no screening tool or equipment in office.
- I. Training related to screening & follow-up:** DOH/Maternal and Child Health Branch is providing training on ASQ and ASQ-SE. DOH/PDSP provides training on the Early Screening Profile to early childhood providers. The Hilopa'a Project is providing educational workshops/training for physicians and their office staff on Parents' Evaluation of Developmental Status (PEDS) screening tool.

## **6. Task Force Strategy to address screening issues**

Discussion of issues included the following areas:

- **Hearing/vision screening:** The School Health Hearing & Vision Program was abolished due to funding, since it was felt that vision and hearing screenings could be handled by the private health care system. The incidence of otitis media is high for some populations in schools. There is a need for data. Screening is also an area of interest to the Early Childhood Task Force (Act 259). Children may not understand vision and hearing tests because of cultural and language barriers.
- Do we need to recommend specific tools or guidelines?
- Some physicians do not have equipment to perform hearing and vision screening.
- Need for provider training related to screening.

- Need parent education so that parents are aware of age-appropriate child development.
- Communication and coordination with parents, physicians and providers is important to promote better collaboration. Need to work together with our diverse families' culture. Professional isolation adds to problems.
- "Payment" vs. "reimbursement": Reimbursement is for an out-of-pocket cost. For example, for immunizations, the doc pays for vaccine in order to have an office supply. Service costs include those for storing the vaccine, doc's or staff time to give the shot, record-keeping, etc. The doc would be "reimbursed" for the vaccine, but "paid" for the service of providing immunizations.
- Financial issues: Private payers do not pay for standardized developmental screening. Physicians are not being paid for screening and have out-of-pocket costs. Can the system handle more kids being referred (cost issues)? What is the burden on the infrastructure? Costs of not addressing the issue?
- Shortage of speech pathologists. How do children qualify for what services? Insurance doesn't cover services for articulation problems.
- Services for children age 3-5 year services for children are lacking. Children age out of early intervention but do not qualify for DOE services. Are DOE programs conducive for these children? Do we develop a model beyond age 3? Funding?
- Behavioral screening: When should screening be done? If abnormal, will parents follow through? A stigma is attached to behavioral concerns. Should a patient be sent to a psychologist or psychiatrist? Shortage of psychologists/ psychiatrists. Problem of getting follow-up reports. When a behavior problem may be related to speech delay, what should be done? When do we talk to parents about a concern?

How should the Task Force work on screening issues? Task Force members decided to discuss payment issues at the next meeting.

**K. Next meeting**

Nov. 16, 2006, 12:30 - 2:00 pm, 1441 Kapiolani Blvd., 18<sup>th</sup> Floor Conference Room.